



**DeKalb Workforce Development
WIOA Grievance and Complaint Information Form**

INSTRUCTIONS: Please fill out Questions 1-5 for a general complaint. If you feel you have been discriminated against, please complete Questions 6-11. This form should be completed and submitted within one hundred and eighty (180) days of the date of the alleged discriminatory act. Once you have completed the appropriate questions, please sign and date at the end of this form.

Pursuant to section 181 of the Workforce Innovation and Opportunity Act, DeKalb Workforce Development shall provide the complainant with an opportunity for a hearing within sixty (60) days of the complainant's filing, if expressly requested in writing by the complainant, or in the event is not requested, DWD shall issue a decision as to whether provisions of the Workforce Innovation and Opportunity Act were violated. In the event the complainant is dissatisfied with DWD's decision, he or she may appeal DWD's decision to the Georgia Department of Economic Development, Workforce Division.

DeKalb Workforce Development (DWD)

Attn: Sandeep Gill, Deputy Director, Equal Opportunity Officer
774 Jordan Lane, Building 4, Decatur, GA 30033
Phone: (404) 687-3437 Fax: (404) 687-4099
Electronic submissions should be sent to: sgill@dekalbcountyga.gov

1) Complainant Information:

First Name _____ Last Name _____ Home Number _____
Address _____ Work Number _____
City, State, and Zip _____ Email _____

2) Respondent Information (Agency, Employee, or Employer you are making the complaint against):

Name _____ Telephone _____
Address _____ City _____ State _____ Zip _____

3) What is the most convenient time and place for us to contact you about this complaint? _____

4) Briefly describe, as clearly as possible, your complaint. Attach additional sheets if necessary. Also, attach any written materials pertaining to your complaint.

a. Please explain the basis of the complaint. _____

b. Who was involved? Include witnesses. Fellow employees, supervisors, or other. Provide names, addresses and telephone numbers if known. _____

c. Please list the location and date . _____

5) Were you offered services? (If applicable) Yes No NA (circle one)

This is all that is required for a general complaint, please sign and date at the end of this form.

FOR GRIEVANCES/ DISCRIMINATION ONLY – COMPLETE 6 THROUGH 11

Pursuant to 29 C.F.R 38.72, a discriminatory complaint must be filed within one hundred and eight (180) days of the alleged discriminatory act.

6) Do you feel you have been discriminated against? Yes No (Circle one)

7) On what date (s) did the alleged discriminatory action occur? _____

8) Check all grounds of discrimination that apply and specify the characteristic

<input type="checkbox"/> Race: Specify _____	<input type="checkbox"/> Color: Specify _____
<input type="checkbox"/> Religion: Specify _____	<input type="checkbox"/> National Origin: Specify _____
<input type="checkbox"/> Gender: Specify [] Male [] Female	<input type="checkbox"/> Age: Specify Date of Birth: _____
<input type="checkbox"/> Disability: Specify _____	<input type="checkbox"/> Sexual Harassment: Specify _____
<input type="checkbox"/> Citizenship: Specify _____	<input type="checkbox"/> Political Affiliation: Specify _____
<input type="checkbox"/> Other: Specify _____	<input type="checkbox"/> Reprisal/Retaliation: Specify _____

9) Explain briefly how you were treated differently. Attach any written material pertaining to your case.

10) Do you have an attorney or other representative for this complaint? Yes No (Circle one)

If yes, please provide name, address and phone:

Attorney Name _____ Address _____ Telephone _____

11) If you have filed a case or complaint with any other government agency or non-federal entity, please list below:

Agency _____ Date Filed _____

Case or Docket Number _____ Date of Trial or Hearing _____

Location of agency or court _____ Name of Investigator _____

Status of Case _____ Comment _____

I certify that the information furnished above is true and accurately stated to the best of my knowledge. I authorize the disclosure of this information to enforcement agencies for the proper investigation of my complaint. I understand that my identity will be kept confidential to the maximum extent possible consistent with applicable law and a fair determination of my complaint.

Complainant Signature _____ Date _____